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**FROM:** Otis Littlefield  
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Number of pages with cover page:	<b>11</b>	
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**Comments:****PLEASE PROCESS THE ATTACHED.**Re: U.S. Patent Application Serial No. 10/630,518  
For: GENETIC CONTROL OF ORGAN ABSCISSION  
By: Sara J. LILJEGREN et al.  
Our Reference: 53279-20011.00

Attached is the following:

1. Transmittal (1 Page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment After Final Action (37 CFR Section 1.116) and Response to Notice Of Non-Compliant Amendment (37 CFR 1.121) (6 pages)

sf-2141898

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PTO/SB/21 (09-04)


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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/630,518	
	Filing Date	July 29, 2003	
	First Named Inventor	Sarah J. LILJEGREN	
	An Unit	1638	
	Examiner Name	S. Baum	
Total Number of Pages in This Submission	10	Attorney Docket Number	532792001100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Otis Littlefield	
Date	August 16, 2006	Reg. No. 48,751

I hereby certify that this correspondence is being facsimile transmitted to MS AF, Commissioner for Patents, at Fax No. (571) 273-8300, on the date shown below.		
Dated: August 16, 2006	Signature: 	(Valerie Cohen)

sf-2179735

AUG 16 2006

PTO/SB/17 (01-06)

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number <b>10/830,518</b>	
		Filing Date <b>July 29, 2003</b>	
		First Named Inventor <b>Sarah J. LILJEGREN</b>	
		Examiner Name <b>S. Baum</b>	
		Art Unit <b>1638</b>	
TOTAL AMOUNT OF PAYMENT <b>(\$)</b> <b>60.00</b>		Attorney Docket No. <b>532792001100</b>	


  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>03-1952</b> Deposit Account Name: <b>Morrison &amp; Foerster LLP</b>	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>																
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>															
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>														
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>																					
							<b>Small Entity</b>														
<b>Fee Description</b>							<b>Fee (\$)</b>														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
							180														
<table style="width: 100%;"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>20</td> <td>0</td> <td>25</td> <td>0.00</td> <td>180</td> <td>0.00</td> <td></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	20	0	25	0.00	180	0.00		
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>															
20	0	25	0.00	180	0.00																
HP = highest number of total claims paid for, if greater than 20.																					
<table style="width: 100%;"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>3</td> <td>0</td> <td>100</td> <td>0.00</td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	3	0	100	0.00							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																		
3	0	100	0.00																		
HP = highest number of independent claims paid for, if greater than 3.																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table style="width: 100%;"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </table>								<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 100 =	/50	(round up to a whole number) x						
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																	
- 100 =	/50	(round up to a whole number) x																			
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): <b>2251 Extension for Response within one month</b>							<b>60.00</b>														

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,751
Name (Print/Type)	Otis Littlefield	Telephone	(415) 286-6848
		Date	August 16, 2006

sf-2179768